

Virginia Board of Bar Examiners

PETITION FOR NON-STANDARD TESTING

COVER PAGE

SAMPLE

VIRGINIA BOARD OF BAR EXAMINERS**Office of the Secretary****2201 West Broad Street****Suite 101****Richmond, Virginia 23220-2022****804-367-0412**

Processor:

OFFICE USE ONLY
Version 2.0**Petition for Non-Standard Testing****GUIDELINES**

Following is the Board's policy for determining whether to grant test accommodations on the Virginia Bar Examination:

Check One:☐ **Original**☐ **Copy**

In deciding the merits of petitions for accommodations by bar applicants, the Board relies upon the following definition of disability contained in the [Americans with Disabilities Act as amended by the ADA Amendments Act of 2008 \(ADA/ADAAA\)](#) as interpreted by controlling case law. *A disability is a physical or mental impairment that substantially limits one or more of the major life activities of an individual. "Substantially" means "considerable" or "specified to a large degree."*

- A bar applicant will be compared to the average person in the general population in determining whether a disability substantially limits a major life activity.
- The effects of corrective and mitigating measures—both positive and negative—will be considered when determining whether a bar applicant is "substantially limited" in a major life activity and, therefore, disabled. Corrective and mitigating measures may be measures undertaken with artificial aids, like medications and devices, and measures undertaken, whether consciously or not, with the body's own systems.
- Having an impairment does not make an individual disabled for purposes of the ADA/ADAAA and does not automatically qualify a bar applicant for an accommodation. An applicant must also demonstrate that the impairment limits a major life activity. To qualify as being disabled under the ADA/ADAAA, an applicant must further show that the limitation on the major life activity is "substantial."
- The determination of a disability by the Board is an individualized inquiry and will be made on a case-by-case basis.
- Objective testing/diagnostic evaluations submitted by your healthcare professional to substantiate your claimed disability must have been administered within the last four (4) years.

IMPORTANT NOTE: Requests for accommodations will be considered only after all information has been received. Filing deadlines apply to receipt of all information, including documentation requested from third parties. All documentation submitted will be retained by the Board and may be reviewed by the Board's consultants as necessary. All accommodations granted to you by the Board will be provided at no cost. Accommodations granted elsewhere do not necessarily entitle an applicant to accommodations on the Virginia Bar Examination nor do accommodations previously granted on a past Virginia Bar Examination necessarily entitle applicants to accommodations on a future exam.

FILING DEADLINE: The applicable items specified in the Petition Checklist must be completed and postmarked or received by the Board *on or before the filing deadline* of the exam you wish to take.

APPLICANTS REQUESTING ADDITIONAL TESTING TIME: Submit documentation from your physicians or other licensed professionals that details the basis for the requested additional time and the amount of additional time recommended. **If a specific amount of additional time is not indicated, your request will not be processed.**

1. Applicants with disabilities are entitled to and have the responsibility to meet the same application filing deadline as individuals without disabilities. Because some of the forms require input from third parties, it is suggested that you request the appropriate individuals to complete the forms well in advance of the filing deadline.
2. Forms must be typed and, where applicable, must be sworn to before a notary public. After the Petition is compiled and placed in the proper order, make a copy and mark it as such. **Submit the original and the copy.**
3. Inquiries regarding your Petition or other substantive matters must be in writing.
4. If a timely filed Petition is illegible, incomplete or if the Board or the Board's expert finds the applicant or the applicant's healthcare professional has not adequately substantiated the claimed disability, the applicant will be so notified. The Board has set February 1 for the February exam and July 1 for the July exam as the final date an applicant may supplement his or her Petition. After the February/July 1 deadline, the applicant may take the exam only under standard testing conditions or, in the alternative, may carry forward his or her application in accordance with Section VI of the Rules of the Board and complete the Petition by the filing deadline for the next scheduled exam.
5. If a disability occurs after the filing deadline, the Board will review an applicant's late Petition if it is received in the Office of the Secretary by February 1 for the February exam or July 1 for the July exam. However, such applicants must recognize that there may not be enough time to process a Petition and accompanying documentation to permit the Board to reach a determination on the Petition and to make necessary arrangements at the examination site. If the Petition is complete and the claimed disability substantiated, the Board will accommodate the applicant on a space available basis, or the applicant may carry forward his or her application in accordance with Section VI of the Rules of the Board.
6. You may be required to submit to independent diagnostic testing AT YOUR EXPENSE by a healthcare professional of the Board's choice. You will be informed if this will be required.
7. You will receive a written notice of the disposition of your Petition as soon as it has been acted upon by the Board.

PETITION CHECKLIST for TEST ACCOMMODATIONS

You and your current healthcare professional must complete the Forms indicated for each claimed disability response of "Yes."

- YES 1. Form A - APPLICANT DISABILITY INFORMATION** (required):
Form A must be completed by ALL applicants who seek testing modifications.
- YES 2. Form B - PHYSICAL DISABILITY VERIFICATION FORM** (required if you claim a physical disability):
For each claim of Physical Disability, you are required to submit with your Non-Standard Testing Petition a fully completed **Form B – Physical Disability Verification Form**.
- FORM B - NST AUTHORIZATION must be completed by you, signed and notarized. Your current healthcare professional must complete the remainder of Form B and return it to you for submission with your application.
- NO** Visually Impaired
NO Blind
NO Hearing Impaired
NO Deaf
YES Specific Orthopedic Disability
Enlarged Vertebrae
NO Specific Neurological Disability
NO Other physical disability/impairment not mentioned above
- YES 3. Form C - LEARNING DISABILITY VERIFICATION FORM** (required if you claim a learning disability):
Learning Disability (specify all)
Dyslexia
For your claim of Learning Disability, you are required to submit with your Non-Standard Testing Petition a fully completed **Form C – Learning Disability Verification Form**.
- FORM C - NST AUTHORIZATION must be completed by you, signed and notarized. Your current healthcare professional must complete the remainder of Form C and return it to you for submission with your application.
- Submit copies of your undergraduate, postgraduate and law school transcripts. These documents must be provided before the Board can consider your Petition.
- YES 4. Form D - ATTENTION DEFICIT/HYPERACTIVITY DISORDER (AD/HD) VERIFICATION FORM** (required if you claim ADD or AD/HD):
For your claim of Attention Deficit/Hyperactivity Disorder (AD/HD), you are required to submit with your Non-Standard Testing Petition a fully completed **Form D – Attention Deficit/Hyperactivity Disorder (AD/HD) Verification Form**.
- FORM D - NST AUTHORIZATION must be completed by you, signed and notarized. Your current healthcare professional must complete the remainder of Form D and return it to you for submission with your application.
- Submit copies of your undergraduate, postgraduate and law school transcripts. These documents must be provided before the Board can consider your Petition.
- NO 5. Form E - PSYCHOLOGICAL DISABILITY VERIFICATION FORM** (required if you claim a psychological/psychiatric disability):

- YES 6. Form F - LAW SCHOOL OFFICIAL FORM** (if applicable):
Page F1 of the **Form F - Statement of Law School Official** must be completed by you, signed and notarized. A law school official must complete page F2 of Form F and return it to you for submission with your application.
- YES 7. Form G - STATEMENT OF JURISDICTION FORM** (if applicable):
Page G1 of the **Form G - Statement of Bar Admission Authority** must be completed by you, signed and notarized. A bar admission official must complete page G2 of Form G and return it to you for submission with your application.

SAMPLE

FORM A – Applicant Disability Information(To be completed by **ALL** Applicants claiming a disability)

Note: The Virginia Board of Bar Examiners reserves the right to make final judgment concerning testing accommodations and may have this documentation reviewed by a healthcare professional.

1. Exam Date Month **July** Year **2014**

Full Legal Name **Jane Smith Doe**

Street **123 Happy Street**

Apt **Apt. 15**

City **Richmond**

Daytime phone **(888) 849-3928**

Email address **janesdoe@gmail.com**

State **VA**

ZIP **23220**

County **Henrico**

Work Phone **(804) 555-1212**

2. Complete below, in your own words, a detailed narrative describing your specific disability(ies). Include in your narrative details for all accommodation requests made.

I have always struggled with learning and reading. I was diagnosed in elementary school with ADHD and Dyslexia. I am a very slow reader and require extra time for testing. My troubles with reading have been life long. I am very easily distracted, even with my medication, so I have to re-read everything many times and it takes considerable time to process, especially when anxious. I also have trouble with my back due to enlarged vertebrae and have trouble sitting for long periods of time.

3. Testing Modifications Request Chart (TMRC)

Standard testing on the Virginia Bar Examination (VBE) is two days. The first day is the Virginia Essay session administered in two 3-hour sessions and the second day is the Multistate Bar Examination (MBE) which is a standardized test also administered in two 3-hour sessions. There is about a 1 ½ hour lunch break between sessions on each day of the exam. **ADDITIONAL TIME REQUEST CHART (ATRC)** details each session. The typical physical testing environment consists of a large room in which 150 – 900 applicants are seated in assigned seats, two per 6' table or three per 8' table. Examinees are not allowed to have food or drink in the testing room; however, they are allowed to leave the room to go to the restroom or to get a drink of water.

In addition, all applicants may (after registering and paying the registration fee) participate in the Laptop Essay Program.

For all Testing Modifications you are requesting, answer Yes and provide an explanation.

I request the following test accommodation modifications:

Requested	Accommodations	Specific rationale for accommodation.
YES	Additional testing time	To receive additional time, you must provide the amount of time per session you are requesting and an explanation for such request on the ADDITIONAL TIME REQUEST CHART (ATRC) .
NO	Large Print Testing Materials	
NO	Braille version of Exam	
NO	Use of magnifying glass or special visual aid/apparatus	
NO	Assistance in filling in MBE grid	
NO	Use of sign language interpreter	
NO	Use of a reader	
NO	Transcriptionist/Court Reporter/Typist	
NO	Audio cassette version of exam	
YES	Separate testing area (with like accommodated applicants)	I get distracted easily and need a room with a limited number of people and minimal distraction.
NO	Private testing area	
NO	Wheelchair accessibility	
NO	Other requests not listed above	

Additional Time Request Chart (ATRC)

Day 1 – Essay & Short Answer

Consists of 9 Essay Questions and 10 Short Answer Questions broken into Morning and Afternoon sessions. Standard sessions are 3 hours (180 minutes) each. Applicants can choose to handwrite or type the answers on his or her laptop computer. Applicants who choose to handwrite the answers are provided booklets containing 4 sheets of lined paper (8 total pages front and back), and typically an applicant does not use that much paper. Applicants who choose to type the answers using a laptop, must register, pay and download the required software.

Morning Session – consisting of 5 Essay Questions in various subject matters.

Standard Time (3 hrs = 180 minutes)	180 minutes
Additional Requested Time (Minutes)	90 minutes
Total Time Requested for Day 1 Morning Session:	270 minutes = 4.5 hours

Afternoon Session – consisting of 4 Essay Questions in various subject matters and 10 Short Answer Questions.

Standard Time (3 hrs = 180 minutes)	180 minutes
Additional Requested Time (Minutes)	90 minutes
Total Time Requested for Day 1 Afternoon Session:	270 minutes = 4.5 hours

Provide an explanation as to how the specific aspect(s) of your claimed disability affects your ability to take the essay portion of the Virginia bar exam under standard testing time and conditions.

I am a very slow reader. I have to read and re-read every sentence and paragraph multiple times before I can process it correctly. I also have trouble organizing my thoughts on paper and it takes me multiple times of writing and re-writing before I am able to compose a sufficient answer.

Day 2 – Multistate Bar Exam

Consists of 200 multiple-choice Multistate Bar Exam (MBE) questions which must be answered by using a pencil and bubbling in circles on a computer-graded grid sheet.

Morning Session – consisting of 100 multiple-choice questions.

Standard Time (3 hrs = 180 minutes)	180 minutes
Additional Requested Time (Minutes)	90 minutes
Total Time Requested for Day 2 Morning Session:	270 minutes = 4.5 hours

Afternoon Session – consisting of 100 multiple-choice questions.

Standard Time (3 hrs = 180 minutes)	180 minutes
Additional Requested Time (Minutes)	90 minutes
Total Time Requested for Day 2 Afternoon Session:	270 minutes = 4.5 hours

Provide an explanation as to how the specific aspect(s) of your claimed disability affects your ability to take the Multistate (MBE) portion of the Virginia bar exam under standard testing time and conditions.

I am a very slow reader. I have to read and re-read every sentence and paragraph multiple times before I can process it correctly. With multiple choice answers, I have to read them many, many times before I am able to discern which is the correct response.

4. Exam/Testing History

(A) I took the following standardized exams: (ACT, GMAT, GRE, LSAT, MPRE, SAT)

Attach a copy of the official score report for each standardized test taken.

Exam	Location	When	Accommodations requested?	Accommodations granted?
SAT	Richmond, VA	Oct 2002	YES	YES
Attach a copy of the notice of approved accommodations.				
SAT	Richmond, VA	Jun 2002	NO	N/A
Explain why you did not request an accommodation: My teachers suggested I attempt the SAT for the first time without accommodations.				
LSAT	Brooklyn, New York	Jan 2008	YES	YES
Attach a copy of the notice of approved accommodations.				
MPRE	Brooklyn, New York	Jan 2008	YES	YES
Attach a copy of the notice of approved accommodations.				

YES

(B) Did you request accommodations while in college?

College	Accommodations granted?	Type of Accommodation
Brooklyn University	YES	Time and a half on all exams, separate room

YES

(C) Did you request accommodations while in law school?

Law School	Accommodations granted?	Type of Accommodation
Brooklyn Law School	YES	Time and a half on all exams, separate room

Attach a copy of the notice of approved accommodations.
FORM F must be completed by the proper law school official.

YES

(D) Have you requested accommodations on another jurisdiction's bar exam?

Jurisdiction	Accommodations granted?	Type of Accommodation
New York	YES	Time and a half on all portions, separate room

Attach a copy of the notice of approved accommodations.
FORM G must be completed by the proper official.

YES

5. Do you expect to register for the Laptop Program to type the essay sections of the examination?

6. By filing this application and required forms, I hereby:
Authorize the Virginia Board of Bar Examiners (Board) to provide, at the Board's discretion, a copy of any and all documents which I submit in connection with this Petition to such persons and/or consultants as the Board may deem necessary to evaluate my Petition.
Release, discharge and exonerate the Board and/or its designee(s) and/or any persons to whom information may be provided, pursuant to this Authorization and Release, from any and all liability of every nature and kind arising out of the furnishing or receipt of such information made by or on behalf of the Board.

Signature of Applicant

Commonwealth/State/District of _____

County/City of _____

I, a Notary Public of such County/City, certify that on this day personally appeared before me

Jane Smith Doe

who thereupon made oath that all statements contained in this application are true and complete.

Given under my hand this _____ day of _____, _____

My commission expires on _____, _____, _____

Notary Public

Registration Number (if applicable) _____

NOTARY SEAL (must be affixed)

Revised March 2014

CHART A #1
Orthopedic Disability: Enlarged Vertebrae

Provide date of initial diagnosis and all diagnosing healthcare professional contact information.

Initial Diagnosis	March 2012		
Diagnosing Healthcare Professional	Dr. Curvature		
Type of Healthcare Provider	Orthopedist		
Street	1 Spinal Drive		
City	Richmond	State	VA
		ZIP	23220
Current Phone Number	(804) 555-2121		

Form B is required to be completed by your current diagnosing or licensed healthcare professional for your **Physical Disability**. **Form B** will print at the end of your Non-Standard Testing Petition Application and must be sent to your listed healthcare professional for completion and submitted to the Board with your application materials.

YES Is your diagnosing healthcare professional listed above your current treating healthcare professional who will complete the required forms regarding your disability?

I will send **Form B** to **Dr. Curvature**

The diagnosis was most recently confirmed or reassessed on **January 2014** by **Dr. Curvature**

This disability is **Permanent**

At my last consultation with my treating professional, my specific concern was:

Pain after sitting for long periods of time

What treatment plan is currently being prescribed?

Pain medication, yoga, physical therapy

NO Does your current treatment plan help ameliorate your disability?

It helps somewhat, but not for long periods of sitting.

CHART A #2
Learning Disability: Dyslexia

Provide date of initial diagnosis and all diagnosing healthcare professional contact information.

Initial Diagnosis	September 1995		
Diagnosing Healthcare Professional	Dr. Noread		
Type of Healthcare Provider	Psychologist		
Street	15 Locale Avenue		
City	Richmond	State	VA
		ZIP	23226
Current Phone Number	(840) 555-8888		

Form C is required to be completed by your current diagnosing or licensed healthcare professional for your **Learning Disability**. **Form C** will print at the end of your Non-Standard Testing Petition Application and must be sent to your listed healthcare professional for completion and submitted to the Board with your application materials.

YES Is your diagnosing healthcare professional listed above your current treating healthcare professional who will complete the required forms regarding your disability?

I will send **Form C** to **Dr. Noread**

The diagnosis was most recently confirmed or reassessed on **September 2012** by **Dr. Noread**

This disability is **Permanent**

At my last consultation with my treating professional, my specific concern was:

I met with my doctor to update my records to provide to Brooklyn University for accommodated testing time during college

What treatment plan is currently being prescribed?

Medication

NO Does your current treatment plan help ameliorate your disability?

I will always be dyslexic, but I have been taught skills to help with reading. In a bar exam setting, where there is so much to read, I have to concentrate so hard that it slows my reading and processing time down.

CHART A #3
Attention Deficit/Hyperactivity Disorder

Provide date of initial diagnosis and all diagnosing healthcare professional contact information.

Initial Diagnosis	September 2008		
Diagnosing Healthcare Professional	Jane Johnson, PhD		
Type of Healthcare Provider	Psychiatrist		
Street	100 Brooklyn Way		
City	Brooklyn	State	NY
		ZIP	11209
Current Phone Number	(999) 999-9999		

Form D is required to be completed by your current diagnosing or licensed healthcare professional for your **Attention Deficit/Hyperactivity Disorder (ADHD)**. **Form D** will print at the end of your Non-Standard Testing Petition Application and must be sent to your listed healthcare professional for completion and submitted to the Board with your application materials.

NO Is your diagnosing healthcare professional listed above your current treating healthcare professional who will complete the required forms regarding your disability?

I will send **Form D** to :

Licensed Healthcare Professional	Dr. Noread		
Type of Healthcare Provider	Psychologist		
Street	15 Locale Avenue		
City	Richmond	State	VA
		ZIP	23226
Current Phone Number	(840) 555-8888		

The diagnosis was most recently confirmed or reassessed on **September 2012** by **Dr. Noread**

This disability is **Permanent**

At my last consultation with my treating professional, my specific concern was:

I relocated back to Richmond and I needed a doctor to prescribe my medication for my learning and ADHD disabilities. I went back to the doctor who tested and treated me in my youth.

What treatment plan is currently being prescribed?

ADHD medication, anxiety medication, meditation and yoga

YES Does your current treatment plan help ameliorate your disability?

The medication helps somewhat, but does not help over extended period of time of constant testing and reading. In short spurts of reading for comprehension, I am good, but need extra time for long reading days as I lose concentration when I have lots and lots to read.

Form B – PHYSICAL DISABILITY VERIFICATION FORM**➤ NOTICE TO APPLICANT:**

Form B – NST AUTHORIZATION is to be completed by you. **Please complete, sign and have this page notarized before submitting the entire Form B to your licensed healthcare professional for completion.**

Form B, is to be completed by the licensed healthcare professional who is/was most recently involved in the treatment of your disability or disabilities.

Applicant's Name: **Jane Smith Doe**

Date of Birth: **January 1, 1985**

SSN: **XXX-XX-9999**

Disability: **Orthopedic Disability: Enlarged Vertebrae**

I hereby authorize the release of the information requested on this form, and I request that all such additional items supporting my disability be attached to this form and returned to me for submission to the Virginia Board of Bar Examiners.

Signature of Applicant

Commonwealth/State/District of _____

County/City of _____

I, a Notary Public of such County/City, certify that on this day personally appeared before me

Jane Smith Doe

who thereupon made oath that all statements contained in this application are true and complete.

Given under my hand this _____ day of _____, _____

My commission expires on _____, _____

Notary Public

Registration Number (if applicable) _____

NOTARY SEAL (must be affixed)

Revised March 2014

I. Qualifications of the Licensed Healthcare ProfessionalName of professional completing this form: **Dr. Curvature**Address: **1 Spinal Drive**City: **Richmond**State: **VA**ZIP: **23220**Telephone: **(804) 555-2121**

Fax: _____

Occupation/specialty: _____ / _____

(Jurisdiction) License/Certification Number _____

Name of Licensing Entity: _____

➤ NOTICE TO LICENSED HEALTHCARE PROFESSIONAL:

For your convenience, a fillable PDF version of this form (Form B - Physical Disability) is also available on the Board's website (barexam.virginia.gov/bar/barnstforms.html). Legibly print or type your responses to the items on the following pages. Return this completed form to the Applicant for submission to the Virginia Board of Bar Examiners for consideration of the Applicant's request for test accommodations.

Following is the Board's policy for determining whether to grant test accommodations on the Virginia Bar Examination:

In deciding petitions for accommodations by bar applicants, the Board relies upon the following definition of disability contained in the Americans with Disabilities Act as amended by the ADA Amendment Act of 2008 (ADA/ADAAA) as interpreted by controlling case law.

A disability is a physical or mental impairment that substantially limits one or more of the major life activities of an individual. "Substantially" means "considerable" or "specified to a large degree." A bar applicant will be compared to the average person in the general population in determining whether a disability substantially limits a major life activity.

The effects of corrective and mitigating measures—both positive and negative—will be considered when determining whether a bar applicant is "substantially limited" in a major life activity and, therefore, disabled. Corrective and mitigating measures may be measures undertaken, with artificial aids, like medications and devices, and measures undertaken, whether consciously or not, with the body's own systems.

Thus, merely having an impairment does not make an individual disabled for purposes of the ADAAA and does not automatically qualify a bar applicant for an accommodation. An applicant must also demonstrate that the impairment limits a major life activity. To qualify as being disabled under the ADAAA, an applicant must further show that the limitation on the major life activity is "substantial."

The determination of a disability by the Board is an individualized inquiry and will be made on a case-by-case basis.

Return the completed form to the Applicant for submission to the Virginia Board of Bar Examiners for consideration of the Applicant's request for test accommodations.

Is the Applicant's disability within your field of expertise? ____ Yes ____ No

If yes, please describe the credentials which qualify you to diagnose and/or verify the Applicant's disability.

Please describe the training you have had in the area of making recommendations for specific time accommodations on licensing examinations such as the Virginia Bar Examination.

II. Information Concerning Applicant's Disability

1. State the specific diagnosis of the disability affecting the Applicant.

2. When was the Applicant first diagnosed with this condition? _____

3. Did you make the initial diagnosis? ____ Yes ____ No

If no, please state the name, address, and telephone number of the professional who made the initial diagnosis.

4. In the following box, describe the specific diagnostic criteria and/or diagnostic tests used, including date(s) of evaluation, test results, and a detailed interpretation of test results. **Please note that you must also attach to this form or provide directly to the Board a complete copy of the testing and assessment tools conducted, as well as copies of your notes and other records relating to the Applicant.**

If you need more space, continue on a separate page.

5. State each date you have seen the Applicant for a consultation:

6. When was your last complete evaluation on the Applicant?

7. What occasioned this evaluation (i.e. specific health complaints, need for updated evaluation for accommodation, etc.)?

8. In the following box, briefly describe your treatment of this disability or condition and state the effect of the treatment on the disability or condition.

9. In the following box, state each medication the Applicant is taking for this disability or condition and how it affects, abates and/or treats the disability or condition.

10. In the following box, summarize any side effects the Applicant has experienced with this medication, specifically including any which will affect his or her performance on the Virginia Bar Examination.

11. In its current state, is the Applicant's disability temporary or permanent? ____ Temporary ____ Permanent
If you indicated the disability to be temporary, state below when and under what conditions the disability/condition is likely to abate:

12. Describe in detail all major life activities that are **substantially limited** by the Applicant's diagnosed disability **at the current time**. If there are none, so state.

13. Is there any objective evidence that the recommended testing accommodations have facilitated the Applicant's test performance in the past? ____ Yes ____ No If yes, please explain.

14. If you based your recommendations regarding additional testing time on Applicant's reduced handwriting speed/keyboarding speed or ability, please describe all tests conducted by you or relied on by you to determine the speed at which the Applicant writes as compared to that of a person without Applicant's disability.

15. Is there any medical or scientific study you can cite which provided you with data enabling you to determine, on an objective basis, the exact amount of additional testing time which will place the Applicant in a testing position akin to that enjoyed by a person who does not have this disability? ____ Yes ____ No
- If yes, please attach a copy of the study to this form. In the space below, describe how the study supports the accommodations you have recommended for Applicant.

III. Complete Attachments

1. TESTING MODIFICATIONS REQUEST CHART (TMRC); if applicable
2. ADDITIONAL TIME REQUEST CHART (ATRC) ; if applicable

IV. Licensed Healthcare Professional's Certification

I have attached to this Form B copies of all records in my possession or control on which I have relied in answering the inquiries on this form. If there exists some ethical or professional reason that I cannot attach the required records to the Form B for return to the Applicant, I hereby certify that I will mail the required records directly to the Virginia Board of Bar Examiners, 2201 W. Broad Street, Suite 101, Richmond, VA 23220. **I understand that the Applicant's request for testing modifications will not be processed without these records causing him/her to make a choice to take the Virginia Bar Exam under standard testing conditions or to delay taking the Virginia Bar Exam until the Petition is complete.**

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

I understand that a representative or agent of the Virginia Board of Bar Examiners may contact me for clarification of my responses on this form.

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

Signature of Licensed Healthcare Professional

Date Signed

The Virginia Board of Bar Examiners may have all documentation related to this matter reviewed by the Board's medical specialist, clinical psychologist, or other consultant.

Testing Modifications Request Chart (TMRC)

Standard testing on the Virginia Bar Examination (VBE) is two days. The first day is the Virginia Essay session administered in two 3-hour sessions and the second day is the Multistate Bar Examination (MBE) which is a standardized test also administered in two 3-hour sessions. There is about a 1 ½ hour lunch break between sessions on each day of the exam. ADDITIONAL TIME REQUEST CHART (ATRC) details each session. The typical physical testing environment consists of a large room in which 150 – 900 applicants are seated in assigned seats, two per 6' table or three per 8' table. Examinees are not allowed to have food or drink in the testing room; however, they are allowed to leave the room to go to the restroom or to get a drink of water.

In addition, all applicants may (after registering and paying the registration fee) participate in the Laptop Essay Program.

Check YES for all Testing Modifications required to accommodate applicant's disability and the rationale for such accommodation.

Requested	Accommodations	Specific rationale for accommodation.
____ YES	Additional testing time	To receive additional time, provide the amount of time per session on the ADDITIONAL TIME REQUEST CHART (ATRC) .
____ YES	Large Print Testing Materials ____ 18pt ____ 24pt	
____ YES	Braille version of Exam	
____ YES	Use of magnifying glass or special visual aid/apparatus	
____ YES	Assistance in filling in MBE grid	
____ YES	Use of sign language interpreter	
____ YES	Use of a reader	
____ YES	Transcriptionist/Court Reporter/Typist	
____ YES	Audio cassette version of exam	
____ YES	Separate testing area (with like accommodated applicants)	
____ YES	Private testing area	
____ YES	Wheelchair accessibility	
____ YES	Other requests not listed above _____	

Additional Time Request Chart (ATRC)**Day 1 – Essay & Short Answer**

Consists of 9 Essay Questions and 10 Short Answer Questions broken into Morning and Afternoon sessions. Standard sessions are 3 hours (180 minutes) each. Applicants can choose to handwrite or type the answers on his or her laptop computer. Applicants who choose to handwrite the answers are provided booklets containing 4 sheets of lined paper (8 total pages front and back), and typically an applicant does not use that much paper. Applicants who choose to type the answers using a laptop, must register, pay and download the required software.

Morning Session – consisting of 5 Essay Questions in various subject matters.

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)		minutes
Total Time Requested for Day 1 Morning Session:		minutes

Afternoon Session – consisting of 4 Essay Questions in various subject matters and 10 Short Answer Questions.

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)		minutes
Total Time Requested for Day 1 Afternoon Session:		minutes

Provide an explanation as to how the specific aspect(s) of applicant's claimed disability affects his or her ability to take the essay portion of the Virginia bar exam under standard testing time and conditions.

Day 2 – Multistate Bar Exam

Consists of 200 multiple-choice Multistate Bar Exam (MBE) questions which must be answered by using a pencil and bubbling in circles on a computer-graded grid sheet.

Morning Session – consisting of 100 multiple-choice questions.

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)		minutes
Total Time Requested for Day 2 Morning Session:		minutes

Afternoon Session – consisting of 100 multiple-choice questions.

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)		minutes
Total Time Requested for Day 2 Afternoon Session:		minutes

Provide an explanation as to how the specific aspect(s) of applicant's claimed disability affects his or her ability to take the Multistate (MBE) portion of the Virginia bar exam under standard testing time and conditions.

Form C – LEARNING DISABILITY VERIFICATION FORM**> NOTICE TO APPLICANT:**

Form C – NST AUTHORIZATION is to be completed by you. **Please complete, sign and have this page notarized before submitting the entire Form C to your licensed healthcare professional for completion.**

Form C, is to be completed by the licensed healthcare professional who is/was most recently involved in the treatment of your disability or disabilities.

Applicant's Name: **Jane Smith Doe**

Date of Birth: **January 1, 1985**

SSN: **XXX-XX-9999**

Form C: Learning Disability: Dyslexia

I hereby authorize the release of the information requested on this form, and I request that all such additional items supporting my disability be attached to this form and returned to me for submission to the Virginia Board of Bar Examiners.

Signature of Applicant

Commonwealth/State/District of _____

County/City of _____

I, a Notary Public of such County/City, certify that on this day personally appeared before me

Jane Smith Doe

who thereupon made oath that all statements contained in this application are true and complete.

Given under my hand this _____ day of _____, _____

My commission expires on _____, _____

Notary Public

Registration Number (if applicable) _____

NOTARY SEAL (must be affixed)

Revised March 2014

I. Qualifications of the Licensed Healthcare ProfessionalName of professional completing this form: **Dr. Noread**Address: **15 Locale Avenue**City: **Richmond**State: **VA**ZIP: **23226**Telephone: **(840) 555-8888**

Fax: _____

Occupation/specialty: _____ / _____

(Jurisdiction) License/Certification Number _____

Name of Licensing Entity: _____

➤ NOTICE TO LICENSED HEALTHCARE PROFESSIONAL:

For your convenience, a fillable PDF version of this form (Form C – Learning Disability) is also available on the Board's website (barexam.virginia.gov/bar/barnstforms.html). Legibly print or type your responses to the items on the following pages. Return this completed form to the Applicant for submission to the Virginia Board of Bar Examiners for consideration of the Applicant's request for test accommodations.

Following is the Board's policy for determining whether to grant test accommodations on the Virginia Bar Examination:

In deciding petitions for accommodations by bar applicants, the Board relies upon the following definition of disability contained in the Americans with Disabilities Act as amended by the ADA Amendment Act of 2008 (ADA/ADAAA) as interpreted by controlling case law.

A disability is a physical or mental impairment that substantially limits one or more of the major life activities of an individual. "Substantially" means "considerable" or "specified to a large degree." A bar applicant will be compared to the average person in the general population in determining whether a disability substantially limits a major life activity.

The effects of corrective and mitigating measures—both positive and negative—will be considered when determining whether a bar applicant is "substantially limited" in a major life activity and, therefore, disabled. Corrective and mitigating measures may be measures undertaken, with artificial aids, like medications and devices, and measures undertaken, whether consciously or not, with the body's own systems.

Thus, merely having an impairment does not make an individual disabled for purposes of the ADAAA and does not automatically qualify a bar applicant for an accommodation. An applicant must also demonstrate that the impairment limits a major life activity. To qualify as being disabled under the ADAAA, an applicant must further show that the limitation on the major life activity is "substantial."

The determination of a disability by the Board is an individualized inquiry and will be made on a case-by-case basis.

Return the completed form to the Applicant for submission to the Virginia Board of Bar Examiners for consideration of the Applicant's request for test accommodations.

Is the Applicant's disability within your field of expertise? ☐ Yes ☐ No

If yes, please describe the credentials which qualify you to diagnose and/or verify the Applicant's disability.

[illegible]

Please describe the training you have had in the area of making recommendations for specific time accommodations on licensing examinations such as the Virginia Bar Examination.


II. Diagnostic Information Concerning Applicant

In order to be entitled to accommodations based on a learning disability, the individual must provide documentation, at his/her expense, establishing that: 1) He/she has a learning disability that substantially limits a major life activity, and 2) the learning disability results in functional limitations that require accommodations in order to take the examination on an equal basis with other applicants for the examination. The evaluation must:

1. Have been administered within the last four (4) years and after the Applicant's eighteenth (18th) birthday;
2. Document an information processing deficit;
3. Certify that the Applicant's aptitude is within the average or above-average range;
4. Identify a significant discrepancy in aptitude-achievement as well as in processing measures; such discrepancies cannot be obtained from a single subtest; and,
5. Document that the Applicant is substantially limited in a major life activity.

Date of last evaluation/assessment of the Applicant.

In the block below, provide a concise description of your diagnosis (please include the specific DSM-IV diagnosis).



If you need more space, continue on a separate page.

III. Formal Testing

An Applicant with specific learning disabilities must have been identified by an appropriate psycho educational assessment process that is well documented in the form of a comprehensive diagnostic report. This report must include:

1. An account of a thorough diagnostic interview that summarizes relevant components of the individual's developmental, medical, family, social and educational history;
2. Clear, objective evidence of a substantial limitation to learning or performance provided through assessment in the areas of cognitive aptitude, achievement and information processing abilities (results must be obtained on standardized test(s) appropriate to the general adult population and be reported in standard scores and percentiles);
3. Interpretation of the diagnostic profile that integrates assessment data, background history, observations made during the evaluation process, as well as the inclusion or ruling out of possible coexisting conditions (such as previously diagnosed psychological issues, or English as a second language) affecting the individual's performance;
4. A specific diagnostic statement. That statement should not include nonspecific terms such as "learning differences," "learning styles," or "academic problems;" and,
5. Each accommodation recommended must include a rationale based on diagnostic information presented (background history, test scores, documented observations, etc.).

A copy of the evaluation report, including all the above outlined information, must accompany this form. It should be kept in mind that when choosing a test battery, the technical aspects of each test must be considered. This includes the test's reliability, validity, and whether it is standardized with norms available for the general adult population. Again, the professional judgment of the evaluation is the key to a strongly documented diagnosis. The following lists of tests are provided as a guide to assessment instruments appropriate for the adult population. It is not intended to be all-inclusive and will vary with the needs of the individual being evaluated.

1. Aptitude/Cognitive Ability

- ☐ Wechsler Adult Intelligence III (WAIS III) (including IQ, Index and scaled scores)
- ☐ Woodcock-Johnson III (WJ III): Tests of Cognitive Abilities
- ☐ Stanford-Binet Intelligence Scale (4th Ed.)
- ☐ Kaufman Adolescent and Adult Intelligence Test

Please note: The Slossen Intelligence Test and the Kaufman Brief Intelligence Test are primarily screening instruments and should not be considered comprehensive measures of aptitude/cognitive ability.

2. Achievement

- ☐ Woodcock-Johnson III (WJ III): Tests of Achievement
- ☐ Wechsler Individual Achievement Test (WIAT)
- ☐ Scholastic Abilities Test for Adults (SATA)
- ☐ Nelson-Denny Reading Test (timed and untimed); given in conjunction with one of the above tests to further document reading abilities and reading rate
- ☐ Test of Word Reading Efficiency
- ☐ The Wide Range Achievement Test Third Edition (WRAT-3)
- ☐ Peabody Individual Achievement Test (PIAT, PIAT-R)

Please note, The Wide Range Achievement Test: Third Edition (WRAT-3) and the Peabody Individual Achievement Test (PIAT, PIAT-R) are not comprehensive measures of academic achievement and should not be used as sole measures in this area.

3. Information Processing

- ☐ Wechsler Memory Scale-III
- ☐ Swanson Cognitive Process Test (S-CPT)
- ☐ Test of Adolescent/Adult Wordfinding (TAWF)
- ☐ Information from subtest, index and/or cluster scores on the WAIS-III (Working Memory; Perceptual Organization; Processing Speed) and/or the Woodcock Johnson III (WJ III): Tests of Cognitive Ability; (Visual Processing; Short Term Memory; Long Term Memory; Processing Speed) and/or The Detroit Tests of Learning Aptitude-Adult (DTLA-A) as well as other neuropsychological instruments that measure rapid automatized naming and/or phonological processing.
- ☐ Comprehensive Test of Phonological Processes

IV. Learning Disability

1. Do you believe the Applicant's motivation level, interview behavior and/or test-taking behavior was adequate to yield reliable diagnostic information/test results? ☐ Yes ☐ No

Describe how this determination was made.

2. Please include any informal measures, background history and clinical observations that aided you in determining that this individual has a learning disability.

3. Is the Applicant substantially limited in a major life activity? ☐ Yes ☐ No

If yes, identify the major life activity and describe the substantial limitation.

4. Is the Applicant significantly restricted as to the condition, manner or duration under which the Applicant can perform the activity as compared to the general population? ____ Yes ____ No

Please explain why or why not.

5. Is there any objective evidence that the recommended testing accommodations have facilitated the Applicant's test performance in the past? ____ Yes ____ No

If yes, please explain.

6. Is there any medical or scientific study you can cite which provided you with data enabling you to determine on an objective basis the exact amount of additional testing time which will place the Applicant in a testing position akin to that enjoyed by a person who does not have this disability? ____ Yes ____ No

If yes, please attach a copy of the study to this form and describe how the study supports the accommodations you have recommended for the Applicant.

V. Complete Attachments

1. TESTING MODIFICATIONS REQUEST CHART (TMRC); if applicable
2. ADDITIONAL TIME REQUEST CHART (ATRC); if applicable

VI. Licensed Healthcare Professional's Certification

I have attached to this Form C copies of all records in my possession or control on which I have relied in answering the inquiries on this form. If there exists some ethical or professional reason that I cannot attach the required records to the Form C for return to the Applicant, I hereby certify that I will mail the required records directly to the Virginia Board of Bar Examiners, 2201 W. Broad Street, Suite 101, Richmond, VA 23220. **I understand that the Applicant's request for testing modifications will not be processed without these records causing him/her to make a choice to take the Virginia Bar Exam under standard testing conditions or to delay taking the Virginia Bar Exam until the Petition is complete.**

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

I understand that a representative or agent of the Virginia Board of Bar Examiners may contact me for clarification of my responses on this form.

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

Signature of Licensed Healthcare Professional

Date Signed

The Virginia Board of Bar Examiners may have all documentation related to this matter reviewed by the Board's medical specialist, clinical psychologist, or other consultant.

Testing Modifications Request Chart (TMRC)

Standard testing on the Virginia Bar Examination (VBE) is two days. The first day is the Virginia Essay session administered in two 3-hour sessions and the second day is the Multistate Bar Examination (MBE) which is a standardized test also administered in two 3-hour sessions. There is about a 1 ½ hour lunch break between sessions on each day of the exam. ADDITIONAL TIME REQUEST CHART (ATRC) details each session. The typical physical testing environment consists of a large room in which 150 – 900 applicants are seated in assigned seats, two per 6' table or three per 8' table. Examinees are not allowed to have food or drink in the testing room; however, they are allowed to leave the room to go to the restroom or to get a drink of water.

In addition, all applicants may (after registering and paying the registration fee) participate in the Laptop Essay Program.

Check YES for all Testing Modifications required to accommodate applicant's disability and the rationale for such accommodation.

Requested	Accommodations	Specific rationale for accommodation.
____ YES	Additional testing time	To receive additional time, provide the amount of time per session on the ADDITIONAL TIME REQUEST CHART (ATRC) .
____ YES	Large Print Testing Materials ____ 18pt ____ 24pt	
____ YES	Braille version of Exam	
____ YES	Use of magnifying glass or special visual aid/apparatus	
____ YES	Assistance in filling in MBE grid	
____ YES	Use of sign language interpreter	
____ YES	Use of a reader	
____ YES	Transcriptionist/Court Reporter/Typist	
____ YES	Audio cassette version of exam	
____ YES	Separate testing area (with like accommodated applicants)	
____ YES	Private testing area	
____ YES	Wheelchair accessibility	
____ YES	Other requests not listed above _____	

Additional Time Request Chart (ATRC)**Day 1 – Essay & Short Answer**

Consists of 9 Essay Questions and 10 Short Answer Questions broken into Morning and Afternoon sessions. Standard sessions are 3 hours (180 minutes) each. Applicants can choose to handwrite or type the answers on his or her laptop computer. Applicants who choose to handwrite the answers are provided booklets containing 4 sheets of lined paper (8 total pages front and back), and typically an applicant does not use that much paper. Applicants who choose to type the answers using a laptop, must register, pay and download the required software.

Morning Session – consisting of 5 Essay Questions in various subject matters.

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)		minutes
Total Time Requested for Day 1 Morning Session:		minutes

Afternoon Session – consisting of 4 Essay Questions in various subject matters and 10 Short Answer Questions.

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)		minutes
Total Time Requested for Day 1 Afternoon Session:		minutes

Provide an explanation as to how the specific aspect(s) of applicant's claimed disability affects his or her ability to take the essay portion of the Virginia bar exam under standard testing time and conditions.

Day 2 – Multistate Bar Exam

Consists of 200 multiple-choice Multistate Bar Exam (MBE) questions which must be answered by using a pencil and bubbling in circles on a computer-graded grid sheet.

Morning Session – consisting of 100 multiple-choice questions.

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)		minutes
Total Time Requested for Day 2 Morning Session:		minutes

Afternoon Session – consisting of 100 multiple-choice questions.

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)		minutes
Total Time Requested for Day 2 Afternoon Session:		minutes

Provide an explanation as to how the specific aspect(s) of applicant's claimed disability affects his or her ability to take the Multistate (MBE) portion of the Virginia bar exam under standard testing time and conditions.

Form D – ATTENTION DEFICIT/HYPERACTIVITY DISORDER (AD/HD) VERIFICATION FORM

► NOTICE TO APPLICANT:

Form D – NST AUTHORIZATION is to be completed by you. **Please complete, sign and have this page notarized before submitting the entire Form D to your licensed healthcare professional for completion.**

Form D, is to be completed by the licensed healthcare professional who is/was most recently involved in the treatment of your disability or disabilities.

Applicant's Name: **Jane Smith Doe**

Date of Birth: **January 1, 1985**

SSN: **XXX-XX-9999**

Form D: Attention Deficit/Hyperactivity Disorder

I hereby authorize the release of the information requested on this form, and I request that all such additional items supporting my disability be attached to this form and returned to me for submission to the Virginia Board of Bar Examiners.

Signature of Applicant

Commonwealth/State/District of _____

County/City of _____

I, a Notary Public of such County/City, certify that on this day personally appeared before me

Jane Smith Doe

who thereupon made oath that all statements contained in this application are true and complete.

Given under my hand this _____ day of _____, _____

My commission expires on _____, _____

Notary Public

Registration Number (if applicable) _____

NOTARY SEAL (must be affixed)

Revised March 2014

I. Qualifications of the Licensed Healthcare ProfessionalName of professional completing this form: **Jane Johnson, PhD**Address: **100 Brooklyn Way**City: **Brooklyn**State: **NY**ZIP: **11209**Telephone: **(999) 999-9999**

Fax: _____

Occupation/specialty: _____ / _____

(Jurisdiction) License/Certification Number _____

Name of Licensing Entity: _____

➤ NOTICE TO LICENSED HEALTHCARE PROFESSIONAL:

For your convenience, a fillable PDF version of this form (Form D – ADHD) is also available on the Board's website (barexam.virginia.gov/bar/barnstforms.html). Legibly print or type your responses to the items on the following pages. Return this completed form to the Applicant for submission to the Virginia Board of Bar Examiners for consideration of the Applicant's request for test accommodations.

Following is the Board's policy for determining whether to grant test accommodations on the Virginia Bar Examination:

In deciding petitions for accommodations by bar applicants, the Board relies upon the following definition of disability contained in the Americans with Disabilities Act as amended by the ADA Amendment Act of 2008 (ADA/ADAAA) as interpreted by controlling case law.

A disability is a physical or mental impairment that substantially limits one or more of the major life activities of an individual. "Substantially" means "considerable" or "specified to a large degree." A bar applicant will be compared to the average person in the general population in determining whether a disability substantially limits a major life activity.

The effects of corrective and mitigating measures—both positive and negative—will be considered when determining whether a bar applicant is "substantially limited" in a major life activity and, therefore, disabled. Corrective and mitigating measures may be measures undertaken, with artificial aids, like medications and devices, and measures undertaken, whether consciously or not, with the body's own systems.

Thus, merely having an impairment does not make an individual disabled for purposes of the ADAAA and does not automatically qualify a bar applicant for an accommodation. An applicant must also demonstrate that the impairment limits a major life activity. To qualify as being disabled under the ADAAA, an applicant must further show that the limitation on the major life activity is "substantial."

The determination of a disability by the Board is an individualized inquiry and will be made on a case-by-case basis.

Return the completed form to the Applicant for submission to the Virginia Board of Bar Examiners for consideration of the Applicant's request for test accommodations.

Is the Applicant's disability within your field of expertise? ____ Yes ____ No

If yes, please describe the credentials which qualify you to diagnose and/or verify the Applicant's disability.

Please describe the training you have had in the area of making recommendations for specific time accommodations on licensing examinations such as the Virginia Bar Examination.

II. Diagnostic Information Concerning Applicant

The diagnostic criteria as specified in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) are used as the basic guidelines for determination of Attention Deficit/Hyperactivity Disorder (AD/HD) diagnosis. An Applicant warranting an AD/HD diagnosis must meet basic DSM-IV criteria including:

1. Sufficient numbers of symptoms (delineated in DSM-IV) of inattention and/or hyperactivity-impulsivity that have been persistent and that have been "maladaptive." The exact symptoms should be described in detail.
2. Objective evidence that symptoms of inattention and/or hyperactivity-impulsivity were present during childhood.
3. Objective evidence indicating that current impairment from the symptoms is present in two or more settings. There must be clear evidence of clinically significant impairment within the academic setting. However, there must also be evidence that these problems are not confined to the academic setting.
4. A determination that the symptoms of AD/HD are not a function of some other mental disorder (such as mood, anxiety, or personality disorders; psychosis, substance abuse, low cognitive ability, etc.).
5. Indication of the specific AD/HD diagnostic subtype; predominantly inattentive type, hyperactive-impulsive type, combined type, or not otherwise specified.

DSM-IV criteria are used to provide a basic guideline for AD/HD diagnosis. This diagnosis depends on objective evidence of AD/HD symptoms across the Applicant's development, which cause the Applicant clinically significant impairment within multiple environments. Applicant self-report alone is generally deemed insufficient to establish evidence for AD/HD.

AD/HD evaluation is primarily based on in-depth history consistent with a chronic and pervasive history of AD/HD symptoms beginning during childhood and persisting to the present day. The evaluation should provide a broad, comprehensive understanding of the Applicant's relevant background including family, academic, social, vocational, medical, and psychiatric history. There should be a focus on how AD/HD symptoms have been manifested across various settings over time, how the Applicant has coped with the problems, and what success the Applicant has had in coping efforts. There should be a clear attempt to rule out a variety of other potential explanations for the Applicant's self-reported AD/HD difficulties.

Provide a comprehensive evaluation that addresses all five points above.

Diagnostic Information Concerning Applicant. Complete questions 1-9 that follow.

1. Provide the date the Applicant was first diagnosed with AD/HD. _____
2. Provide the date of your last complete evaluation of the Applicant. _____
3. At the time of your initial evaluation/consultation, did the Applicant have a previously documented history of AD/HD? ____ Yes ____ No
If yes, briefly describe. If no, what objective evidence has been presented for your review that supports a likely history of undiagnosed AD/HD (school records, previous psychological test reports, parent interview, etc.)?

4. List the Applicant's self-reported symptoms of AD/HD indicating sufficient qualification for DSM-IV criteria.

5. Does the Applicant exhibit clinically significant impairment across multiple environments (academic, work, social, etc.)? ____ Yes ____ No
If yes, briefly describe.

6. Are these self-reported symptoms of AD/HD (Question 4) and the evidence of clinically significant impairments across multiple environments (Question 5) supported by information other than the Applicant's self-report (job evaluations, recent teacher evaluation, interviews with significant others)? ____ Yes ____ No
If yes, briefly describe.

7. Does the Applicant meet full DSM-IV criteria for (check which diagnosis applies):
- | | |
|--|--|
| <input type="checkbox"/> AD/HD, Combined Type | <input type="checkbox"/> AD/HD, Predominantly Inattentive Type |
| <input type="checkbox"/> AD/HD, Predominantly Hyperactive-Impulsive Type | <input type="checkbox"/> AD/HD, not otherwise specified |

8. Is the Applicant substantially limited in a major life activity? ☐ Yes ☐ No
If yes, please state what activity.

9. Is the Applicant significantly restricted as to the condition, manner, or duration under which the Applicant can perform the activity as compared to the general population? ☐ Yes ☐ No
Please explain why or why not.

III. Formal Testing

AD/HD questionnaires and checklists (Wender-Utah, BAADS, etc.) are helpful to quantify self-reported AD/HD symptoms, but cannot be used to the exclusion of interview and collateral information describing and documenting past and current symptoms.

1. Were AD/HD questionnaires and/or AD/HD checklists completed? ☐ Yes ☐ No
Objective personality/psychopathology tests are not essential if not indicated. However, they can be helpful to describe the Applicant's emotional status and rule out other psychological problems. If not used, there should be a clear explanation why they were not deemed necessary to rule out other potential explanations for reported AD/HD symptoms.
2. Was psychological testing completed? ☐ Yes ☐ No
If yes, briefly describe how the findings support AD/HD diagnosis. If no, explain why testing was not deemed necessary to rule out other psychiatric diagnoses.

Cognitive test results cannot be used as the sole indication of AD/HD diagnosis independent of history and interview. However, these test findings often augment the AD/HD evaluation and should be reported. They are particularly necessary to rule out intellectual limitation as an alternative explanation for academic difficulty, to describe type and severity of learning problems, and to assess the severity of cognitive deficits associated with AD/HD (inattention, working memory, etc.). In general, the Applicant who has completed law school, reporting academic distress secondary to AD/HD symptoms, should demonstrate at least average to above average intelligence.

3. Was cognitive testing performed? ____ Yes ____ No

If yes, briefly describe how the findings support AD/HD diagnosis. If no, explain why cognitive testing was not deemed necessary to rule out low ability level and/or establish objective evidence of processing problem. The evaluation should indicate a concern with reliability, particularly the reliability of self-report information. There should be some indication that the information provided is reliable, is valid, and has not been unduly influenced by the Applicant's motivation to achieve a specified goal.

4. Do you believe the Applicant's motivation level, interview behavior, and/or test-taking behavior is adequate to yield reliable diagnostic information/test results? ____ Yes ____ No
If yes, describe how this determination was made.

5. Is there any objective evidence that the recommended testing accommodations have facilitated the Applicant's test performance in the past? ____ Yes ____ No
If yes, please explain.

6. Is there any medical or scientific study you can cite which provided you with data enabling you to determine on an objective basis the exact amount of additional testing time which will place the Applicant in a testing position akin to that enjoyed by a person who does not have this disability? ____ Yes ____ No
If yes, please attach a copy of the study to this form and describe how the study supports the accommodations you have recommended for the Applicant.

IV. AD/HD Treatment

1. Is the Applicant currently being treated for AD/HD? ____ Yes ____ No

If yes, describe the type of treatment and explain whether this treatment is beneficial in ameliorating the AD/HD symptoms and, if so, why accommodations are necessary. If not, explain the rationale for not receiving treatment for this disability.

V. Complete Attachments

1. TESTING MODIFICATIONS REQUEST CHART (TMRC); if applicable
2. ADDITIONAL TIME REQUEST CHART (ATRC); if applicable

If your answer is "yes," please describe the credentials which qualify you to diagnose and/or verify the Applicant's disability.

VI. Licensed Healthcare Professional's Certification

I have attached to this Form D copies of all records in my possession or control on which I have relied in answering the inquiries on this form. If there exists some ethical or professional reason that I cannot attach the required records to the Form D for return to the Applicant, I hereby certify that I will mail the required records directly to the Virginia Board of Bar Examiners, 2201 W. Broad Street, Suite 101, Richmond, VA 23220. **I understand that the Applicant's request for testing modifications will not be processed without these records causing him/her to make a choice to take the Virginia Bar Exam under standard testing conditions or to delay taking the Virginia Bar Exam until the Petition is complete.**

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

I understand that a representative or agent of the Virginia Board of Bar Examiners may contact me for clarification of my responses on this form.

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

Signature of Licensed Healthcare Professional

Date Signed

The Virginia Board of Bar Examiners may have all documentation related to this matter reviewed by the Board's medical specialist, clinical psychologist, or other consultant.

Testing Modifications Request Chart (TMRC)

Standard testing on the Virginia Bar Examination (VBE) is two days. The first day is the Virginia Essay session administered in two 3-hour sessions and the second day is the Multistate Bar Examination (MBE) which is a standardized test also administered in two 3-hour sessions. There is about a 1 ½ hour lunch break between sessions on each day of the exam. ADDITIONAL TIME REQUEST CHART (ATRC) details each session. The typical physical testing environment consists of a large room in which 150 – 900 applicants are seated in assigned seats, two per 6' table or three per 8' table. Examinees are not allowed to have food or drink in the testing room; however, they are allowed to leave the room to go to the restroom or to get a drink of water.

In addition, all applicants may (after registering and paying the registration fee) participate in the Laptop Essay Program.

Check YES for all Testing Modifications required to accommodate applicant's disability and the rationale for such accommodation.

Requested	Accommodations	Specific rationale for accommodation.
____ YES	Additional testing time	To receive additional time, provide the amount of time per session on the ADDITIONAL TIME REQUEST CHART (ATRC) .
____ YES	Large Print Testing Materials ____ 18pt ____ 24pt	
____ YES	Braille version of Exam	
____ YES	Use of magnifying glass or special visual aid/apparatus	
____ YES	Assistance in filling in MBE grid	
____ YES	Use of sign language interpreter	
____ YES	Use of a reader	
____ YES	Transcriptionist/Court Reporter/Typist	
____ YES	Audio cassette version of exam	
____ YES	Separate testing area (with like accommodated applicants)	
____ YES	Private testing area	
____ YES	Wheelchair accessibility	
____ YES	Other requests not listed above _____	

Additional Time Request Chart (ATRC)**Day 1 – Essay & Short Answer**

Consists of 9 Essay Questions and 10 Short Answer Questions broken into Morning and Afternoon sessions. Standard sessions are 3 hours (180 minutes) each. Applicants can choose to handwrite or type the answers on his or her laptop computer. Applicants who choose to handwrite the answers are provided booklets containing 4 sheets of lined paper (8 total pages front and back), and typically an applicant does not use that much paper. Applicants who choose to type the answers using a laptop, must register, pay and download the required software.

Morning Session – consisting of 5 Essay Questions in various subject matters.

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)		minutes
Total Time Requested for Day 1 Morning Session:		minutes

Afternoon Session – consisting of 4 Essay Questions in various subject matters and 10 Short Answer Questions.

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)		minutes
Total Time Requested for Day 1 Afternoon Session:		minutes

Provide an explanation as to how the specific aspect(s) of applicant's claimed disability affects his or her ability to take the essay portion of the Virginia bar exam under standard testing time and conditions.

Day 2 – Multistate Bar Exam

Consists of 200 multiple-choice Multistate Bar Exam (MBE) questions which must be answered by using a pencil and bubbling in circles on a computer-graded grid sheet.

Morning Session – consisting of 100 multiple-choice questions.

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)		minutes
Total Time Requested for Day 2 Morning Session:		minutes

Afternoon Session – consisting of 100 multiple-choice questions.

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)		minutes
Total Time Requested for Day 2 Afternoon Session:		minutes

Provide an explanation as to how the specific aspect(s) of applicant's claimed disability affects his or her ability to take the Multistate (MBE) portion of the Virginia bar exam under standard testing time and conditions.

Form F – STATEMENT OF LAW SCHOOL OFFICIAL

➤ NOTICE TO APPLICANT: This form is to be completed by the proper representative of your law school. Please read the form in its entirety, complete and sign it and **have it sworn to before a notary public before submitting the form to your law school administrator for completion:**

Applicant's Name: **Jane Smith Doe**

Date of Birth: **January 1, 1985**

SSN: **XXX-XX-9999**

I hereby authorize the release of the information requested on this form, and I request that all such additional items supporting my disability be attached to this form and returned to me for submission to the Virginia Board of Bar Examiners.

Signature of Applicant

Commonwealth/State/District of _____

County/City of _____

I, a Notary Public of such County/City, certify that on this day personally appeared before me

Jane Smith Doe

who thereupon made oath that all statements contained in this application are true and complete.

Given under my hand this _____ day of _____, _____

My commission expires on _____, _____

Notary Public

Registration Number (if applicable) _____

NOTARY SEAL (must be affixed)

Revised March 2014

IN REGARDS TO THE PETITION OF Jane Smith Doe (Petitioner)

I, _____, as _____ (Title)

affirm that my position at _____ (Name of Law School)

is such that it is my responsibility to authorize and monitor testing modifications requested by disabled students for the specific purpose of facilitating their participation as examinees.

The petitioner, who ____ IS ____ WAS in attendance at this law school, ____ was ____ was not granted testing modifications during examination(s).

If Petitioner was granted accommodations, outline below all accommodations granted.

Disability Claimed: _____

Was the request for accommodations provided by the student reviewed by an independent professional expert in the disability claimed?

____ Yes ____ No **If "yes," attach a copy of the expert's report.**

If the Petitioner was granted additional testing time, generally, was the extra time actually used?

____ Yes ____ No ____ That information is not available

Executed on _____ by _____
Date Official's Signature

Form G – STATEMENT OF BAR ADMISSION AUTHORITY

► NOTICE TO APPLICANT: This form is to be completed by the proper representative of your law school. Please read the form in its entirety, complete and sign it and **have it sworn to before a notary public before submitting the form to your law school administrator for completion:**

Applicant's Name: **Jane Smith Doe**

Date of Birth: **January 1, 1985** SSN: **XXX-XX-9999**

I hereby authorize the release of the information requested on this form, and I request that all such additional items supporting my disability be attached to this form and returned to me for submission to the Virginia Board of Bar Examiners.

Signature of Applicant

Commonwealth/State/District of _____

County/City of _____

I, a Notary Public of such County/City, certify that on this day personally appeared before me

Jane Smith Doe

who thereupon made oath that all statements contained in this application are true and complete.

Given under my hand this _____ day of _____, _____

My commission expires on _____, _____

Notary Public

Registration Number (if applicable) _____

NOTARY SEAL (must be affixed)

Revised March 2014

IN REGARDS TO THE PETITION OF Jane Smith Doe (Petitioner)

I, _____, as _____ (Title)

affirm that my position at _____ (Name of Bar Admission Authority)

is such that it is my responsibility to monitor and authorize bar exam testing modifications requested by disabled applicants for the specific purpose of facilitating their participation as examinees. The petitioner, who took the

_____ bar examination(s) _____ was _____ was not granted testing modifications.

If Petitioner was granted accommodations, outline below all accommodations granted.

Disability Claimed: _____

Was the accommodation information provided by the applicant reviewed by an independent expert?

☐ Yes ☐ No **If "yes," attach a copy of the expert's report.**

If the Petitioner was granted additional testing time, enter the extra time actually used per testing session in the space provided below.

☐ Essay (AM Session) ☐ Essay (PM Session) ☐ MBE (AM Session) ☐ MBE (PM Session)Executed on _____ by _____
Date Official's Signature

SAMPLE